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FEB - 5 2013
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THOMAS G BRUTON
CLERK, U S DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DARREN CUFF,

Plaintiff,

v.

TRANS STATES HOLDINGS, INC.,
TRANS STATES AIRLINES, GOJET
AIRLINES, and ED TROWBRIDGE,
individually,

Defendants.

Judge Leinenweber
Magistrate Judge Cole

No. 10 CV 01349

ANSWER TO CITATION TO DISCOVER ASSETS OF
ED TROWBRIDGE

Citation Respondent: U.S. Bank

Court Date: February 19, 2013 at 9:30 a.m.

Defendant's Name: Ed Trowbridge

SS No.: Unknown Case No. 10 cv 01349

Judgment Balance: \$373,717.47

This is a Citation: Freeze up to double the Judgment Balance

INTERROGATORIES

1. On the date of service of the citation, did you have in your possession, custody or control any personal property or monies belonging to the judgment debtor? ____ Yes ☒ No

If the answer is "Yes" go to the next question. If "No" go to the instructions.

2. Is this an IRA account? Or have all of the deposits made during the past 90 days been electronically deposited and identified as exempt Social Security, Unemployment Compensation, Public Assistance, Veteran's Benefits, Pension or Retirement or by a source drawing from any other statutory exemptions? ____ Yes ____ No

If the answer is "Yes" go to the next question. If "No" go to Question No. 4.

3. Is/are the account(s)' current balance equal to or less than the total of the exempt deposits? ____ Yes ____ No

If you answered "Yes" to all 3 questions and funds in the account(s) are exempt, do not freeze the funds and go to "Instructions" below.

4. **ACCOUNT BALANCE** **AMOUNT WITHHELD**

a. Savings Account \$ _____ \$ **No Attachable Accounts**

b. Check/MMA/Now Account \$ _____ \$ _____

c. Certificate of Deposit \$ _____ \$ _____

d. Trust Account/Other \$ _____ \$ _____

(Describe) _____

e. Safety Deposit ☐ Yes ☐ No

f. Land Trust No. _____

g. Less Right of Offset for Loans \$ _____

TOTAL AMOUNT FROZEN \$ _____

5. List all electronic deposits into account(s) and their source(s) except deposits:

Account Number	Source	Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

6. List all joint account holders or adverse claimants:

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Account Type _____	Account Type _____	Account Type _____
Account No. _____	Account No. _____	Account No. _____

INSTRUCTIONS

(1.) Fill out and sign the certification below. (2.) This Answer must be received at least three (3) days before the court date to assure timely processing. (3.) Fax or mail a copy of this Answer to (i) the Court (ii) Plaintiff's attorney, and (iii) Judgment Debtor. (4.) You will receive a copy of a Court Order instructing you how to proceed and where to send any withheld funds.

CERTIFICATION

Under the penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct and that I have mailed this Answer to Defendant(s).

Date: 1/30/2013 US BANK / Garnishment Dept.
 Respondent's Name: _____ PD-OR-C2GN
 Address: _____ P.O. BOX 30869
 Telephone: _____ PORTLAND, OR 97294
 Fax: _____ 877-247-9468 ph
 _____ 503-401-1488 or 1489 fx

Print Agent Name: Tamara Wood Agent's Signature: TW Wood
877-247-9468

If you require copies of customer records
 Please contact our Legal Documents area at
812-303-7886